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ABSTRACT

Since many older Americans rely on family, friends, and neighbors to provide help in time of need, some assessment of how well these support systems work seems justified. A telephone survey was conducted to examine demographic characteristics, access to helpers, and well-being of three groups of noninstitutionalized older adults: (1) Group 1 (N=110) had difficulty doing household, transportation, or health tasks and had no one to help them; (2) Group 2 (N=644) needed and received help; and (3) Group 3 (N=146) reported no difficulty doing tasks themselves. The results revealed a significant number of elderly persons who needed help but who were not receiving it. These individuals were primarily unmarried women who lived alone, had relatively low incomes and education levels, had limited access to family help, depended more on formal help, had relatively high levels of stress and distress, and had poor health. This profile is similar to those described as most vulnerable to psychological stress and health problems, and is one of the fastest growing household types in the United States. More information is needed to determine precisely how weak the networks of those who need help really are. If it is established that helping networks are not available for some elderly persons who need them, then programs of outreach and service will have to be developed. (NB)

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Helping Network Failure and Elderly Well-Being: Policy and Research Implications

by

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Older persons, in order to live independently, must be able to take care of themselves or obtain help from others. Over the last decade, a number of studies have shown that most older Americans have supportive networks composed of family, friends, and neighbors which often provide help and care in time of need (Coward, 1981). In fact, this finding is so widely supported that the Administration of Aging has declared "the well-being of the public is primarily a responsibility of individuals, families, and the communities in which they live" (Tolliver, 1982).

Given the importance placed on helping networks of elderly persons, some assessment of just how well these networks are working is in order. Are all those who need help actually receiving it? Is there any evidence that some elderly have less access to helping networks than others? Are those who do not receive help a unique group within the elderly population? Are those who are not receiving help more likely to have more problems with their health and exhibit more stress and distress than those elderly who are receiving help?

This paper will address the above questions. We believe it is important to look more carefully at elderly helping networks before we conclude that the elderly should be cared for primarily by others. We

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recognize this is a first step and that more research will be needed before we reach an understanding of this problem. We will present findings from our recent research and then discuss both the policy implications and some possible extensions of this research at the end of this paper.

Conceptual Framework

While many studies have considered the importance of social and helping networks to the well-being of the elderly, we have found few studies which have systematically identified those who need help but are not currently receiving it and then compared them to other types of elderly persons. We believe that the elderly population can be divided into three groups that will enable us to learn more about how well networks assist older persons:

1. Those elderly who have difficulty doing their tasks alone and currently have no one to help them.
2. Those elderly who have difficulty doing their tasks alone but have help.
3. Those elderly who have no difficulty doing their tasks alone.

We decided to investigate three dimensions upon which these groups may differ. The first is demographic composition (race, sex, age, education, and income). Since these groups have not been differentiated in past studies, it is not clear how the groups may differ on demographic characteristics. There are, however, past studies which have found that those with lower education and lower incomes have low access to social support (Dohrenwend, and Dohrenwend, 1970). Those elderly who have problems doing tasks but have no help may, therefore, have lower education and income levels than the other two groups of elderly. In addition those

with lower education and income may have less knowledge of formal services and less ability to hire help.

The second dimension of possible differences between the three groups of elderly is their degree of access to helpers. It would seem likely that those elderly who have limited access to others may have more problems in obtaining help. Those who are not married, who live alone, have fewer children, and live in smaller households may have the least access. Shanas (1972) has shown that older persons turn first to their families for help, then to neighbors, and finally to social agencies. Those who have trouble getting help may indeed be elderly who have the least access to family or others in the household.

Well-being is the third dimension of possible difference. A number of studies have demonstrated that both health and psychological well-being are associated with social support (e.g., Turner, 1981; Pilisuk and Minkler, 1980). Do those elderly who need help exhibit higher levels of stress, distress, dissatisfaction with life, and poorer levels of health than other elderly? We are not suggesting a cause-effect relationship, but are only interested in determining if such a relationship exists.

The three groups of elderly will be compared on the above dimensions. Clear differences on each of these dimensions will provide useful profiles of each of the three groups.

Method

The data presented in this paper were taken from a recent study of elderly in the Northeast. A sample of 900 noninstitutionalized persons 65 years of age and older in six states were interviewed by telephone in the

fall and winter of 1982-83. Approximately 80 percent of those eligible respondents who were contacted agreed to be interviewed.

The three groups were created first by using the question which asked each respondent who does most of the indoor household chores, takes care of transportation, and does the most to take care of their personal health. If the respondent answered that they did the task alone, they were then asked if doing this task by themselves was a problem. If they answered "yes," they were classified as having difficulty doing their task alone and having no help. If they answered "no," they were classified as having no difficulty doing their task alone. If they indicated that someone else performed or helped with the task, they were classified as having difficulty doing their task alone but having help.

After some preliminary analyses, we decided to base the classification system upon all three task areas (household, transportation, and health). Thus, if an elderly person had trouble doing any one or more of the three tasks and had no help, they were classified as having a problem and no help. If a respondent had help in one task area but did not need help in the other task areas, they were nonetheless classified as having problems but having help. Thus, the groups are not pure, for a person who needs help in one task may be getting help in another area. We decided to proceed on this basis since the results of the specific task areas were similar to the aggregated results, and the face validity of the classification appeared higher by looking at several task areas.

The demographic composition of the three groups was measured by race (white or nonwhite), sex, age, education, and income. Income was a seven-category measure ranging from less than $200 per month to over $1,500 per month. Access to helpers was defined by marital status (married or not

married), number of children, household size, living status (alone or with others) and number of helpers who were informal helpers (family, friends, and/or neighbors) or formal helpers (paid, agency, landlord, or clergy).

Well-being was measured by several variables. Health status was obtained by asking each respondent to rate their present health (very good to very poor) and asking how much their health stands in the way of them doing the things they want to do (a great deal to not at all). Stress was measured asking if in the past year the respondent had experienced anything upsetting or stressful in their life connected with: 1) their family and friends, 2) their own health, and 3) their finances (none to very upsetting). Life satisfaction was obtained by having each respondent indicate on a scale from zero to ten how satisfied they were in general with life. Finally, psychological distress was measured by a three-item scale (=.71) which asked how often the respondents felt completely exhausted, how often they were tense and nervous, and how often they had a great deal of nervous strain. The response categories for these items ranged from frequently to hardly ever.

Findings

The distribution of the three groups in the sample of the 900 elderly is presented in Table 1. The largest group are those elderly who need help and have helpers (71.6 percent). This finding supports earlier studies which have indicated that a large number of noninstitutionalized elderly do indeed depend on others for help and support. There is, however, a significant number of older persons who have difficulties doing tasks but do not have help (12.2 percent). The size of the group suggests that further analysis is worthwhile.

- Table 1 Here -

Table 2 summarizes the differences between the three groups with respect to the demographic characteristics. Group 1 (those with problems but no help), as expected, had significantly lower levels of education and income than the other two groups. On the other hand, both Group 1 and Group 3 were predominantly female. Group 3 (those with no problems) have the highest levels of education. The groups did not differ significantly on racial composition or age.

- Table 2 Here -

The three groups differed substantially with respect to their access to helpers (Table 3). As expected, those who had difficulty doing tasks but had no help had less access to helpers than those who had help. A majority of those elderly in Group 1 were unmarried and living alone. They also had fewer children and were living in smaller households than the elderly in Group 2. Groups 1 and 2 did not differ on the size of their informal network but did differ on the size of their formal network. Those who did not have helpers did rely more on formal networks. This finding suggests that those with less access to family do reach out more to formal help. It was surprising to find the elderly in Group 1 and Group 3 to be very similar with respect to network/access. In fact the elderly in Group 3 have the highest percentage of unmarried persons and nearly three-fourths of them live alone.

- Table 3 Here -

The differences between the three groups with regard to well-being are striking and consistent. As Table 4 indicates, those with problems and no current helpers were clearly in poorer health, under more stress, experienced higher levels of distress, and were less satisfied with life than the other two groups. It also may be noted that those who do not have problems are in the best health of the three groups. These findings support our original contention that those with the least help exhibit lower levels of well-being.

- Table 4 Here -

Discussion

The data reported in this paper indicate that there is a significant number of elderly who need help but are not currently receiving it. Furthermore, these elderly have several distinctive characteristics. They are primarily unmarried women who live alone, have relatively low incomes and low levels of education, have limited access to family help, depend more on formal help, have relatively high levels of stress and distress, and have the poorest health. This profile is very similar to those who have been described in past studies as most vulnerable to psycholgoical stress and health problems (Gelein, 1983; Kessler, 1979).

The group just profiled is also one of the fastest growing household types in the United States. Wolf (1984) reports that the number of older unmarried women living alone has increased sharply in the last four decades. Thus, it is most likely that there will be more and more older women in the future who may have trouble finding helpers.

It must be recalled, however, that not all elderly unmarried women who live alone fit the profile of those who need help but don't have it. One surprising finding from our study is that many unmarried women who live alone are truely independent. They can do things for themselves, are in excellent health, and are the most educated of the groups studied. These women fit the profile of the high skill widows discussed by Lopata (1979).

It is improper to assign cause and effect with the data and research designs we need, but it is disturbing to see the relatively high levels of stress, distress, dissatisfaction, and poor health among those who need help. It is evident that strict dependency on natural helping networks will not suffice. As Coward (1981) has suggested, there must be a balance between informal and formal support. The profile of those who need help indicates that blind dependency on informal helping networks may only enhance an already difficult situation for many older persons.

This paper has raised more questions than it has answered. We have located a problem, but have learned little about why it exists. Several design and measurement problems also limit the usefulness of our results. We need to know more why these people have not sought help or can't obtain help.[1] We need to know why these elderly have help in some task areas, but not in others. Are psychological distress and health problems a result of lack of help or a state that creates the need for help? How do the helping networks for Group 1 and Group 2 differ in composition? Is the presence of a spouse the critical factor? Are these elderly willing to use formal services? Do they know about them? Do they have access to them?

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[1]We are presently exploring this question with some other data not reported here. However, these data are quite limited.

This study has considered only three task areas. More tasks need to be considered. The measures of access primarily concerned access to family. More measures of access to friends and neighbors need to be involved. In general much more detailed information is needed to determine precisely how weak the networks of those who need help really are.

If it can be established that helping networks are not available for some elderly, then program of outreach and service will have to be nurtured and developed. We need to think more carefully about how the lifestyle of our elderly are changing to make certain that natural helping networks will be as useful in the future as they have been in the past.

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Table 1. Frequency of the Three Helping Network Groups in the Sample (N=900).

Group	N	Percent
Elderly who had difficulty doing their tasks alone and did not have enough helpers (G1)	110	12.2
Elderly who had difficulty doing their tasks alone and had help (G2)	644	71.6
Elderly who had no difficulty doing their tasks (G3)	146	16.2

Table 2. Comparison of the Demographic Characteristics of the Three Helping Network Groups.

Demographic Characteristics	Had Difficulty But No Help (G1) N=110	Had Difficulty But Had Help (G2) N=644	Had No Difficulty (G3) N=146	F
Sex (percent female)	82.7	59.8	75.3	14.7**
Race (percent white)	92.7	95.0	96.6	1.9
Age (years)	73.3	72.7	71.8	2.1
Education				
(percent less than 8th)	30.6	18.0	14.4	9.2**
(percent high school and more)	34.2	40.9	54.1	
Income				
(percent over $800 per month)	9.9	28.3	25.6	8.4**

**p<.01

Table 3. Comparison of the Three Helping Network Groups With Regard to Access to Helpers.

Access to Helpers Measures	Had Difficulty But No Help (G1) N=110	Had Difficulty But Had Help (G2) N=644	Had No Difficulty (G3) N=146	F
Marital Status (percent unmarried)	70.9	46.9	89.9	87.9**
Living Status (percent living alone)	61.8	27.5	74.7	137.5**
Household Size (number of persons)	1.5	1.9	1.3	58.4**
Number of Children	2.0	2.7	1.9	12.1**
Informal Helping Network Size	1.1	1.1	N.A.	.2
Formal Helping Network Size	.6	.4	N.A.	3.2*

*p<.05

**p<.01

N.A. = Not applicable

Table 4. Comparison of the Well-Being of the Three Helping Network Groups.

Well-Being Measures	Had Difficulty But No Help (G1) N=110	Had Difficulty But Had Help (G2) N=644	Had No Difficulty (G3) N=146	F
Percent Who Said Health Made it Difficult to do Things	40.9	22.3	6.2	29.4**
Health Status (percent fair or poor)	62.7	39.2	26.0	23.8**
Family Stress (percent high stress)	38.0	20.9	24.0	8.7**
Financial Stress (percent high stress)	16.5	6.9	7.6	9.9**
Health Stress (percent high stress)	30.0	16.3	9.0	12.6**
Psychological Distress (percent high distress)	35.5	14.3	10.5	21.3**
Life Satisfaction (percent dissatisfied)	32.0	16.5	18.1	4.6**

**p<.01